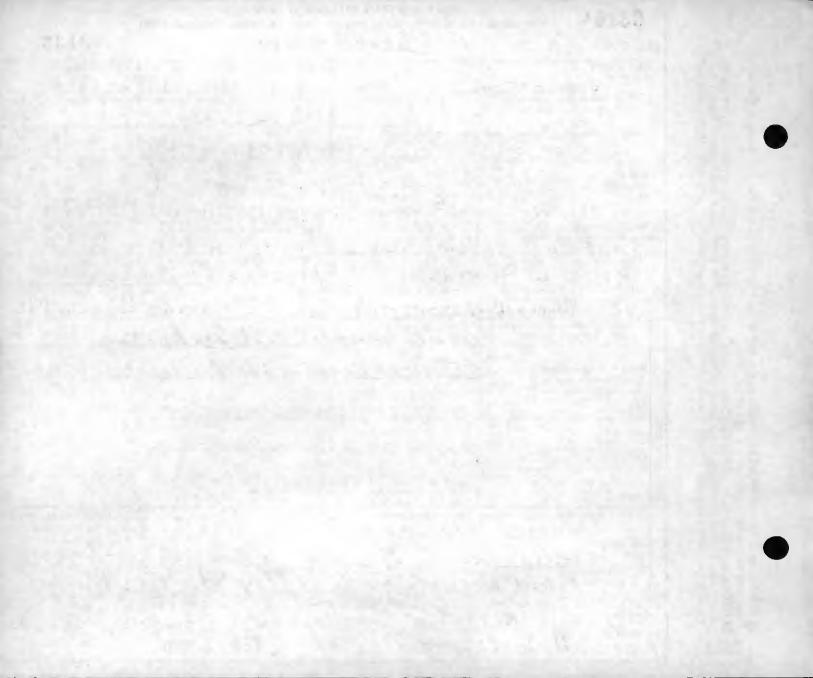
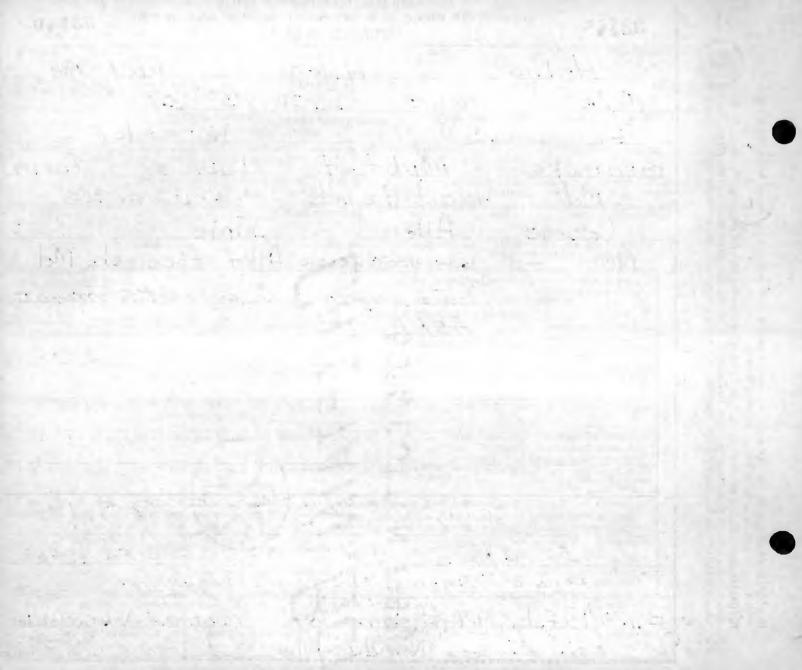
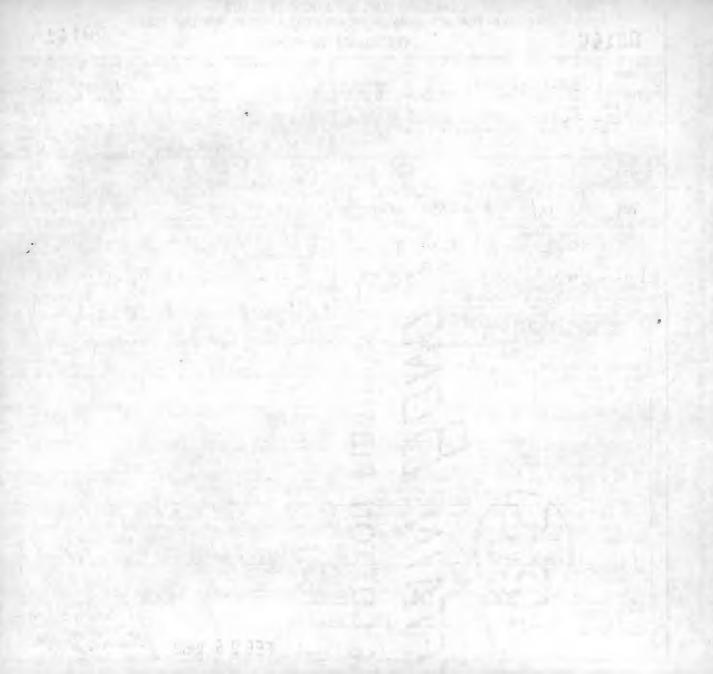
10-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	Item1 FilmG409 2/24/69 kk CERTIFICATE OF DEATH	03139
frer death.	1. PLACE OF DEATH  a. COUNTY  b. GOUNTY  c. STATE  1. D. GOUNTY	2CESTER
nin 24 hours at filled in by the popers. Page frin 72 hours a	write RURAS and give nearest town)  2.1811  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Libertytown Road  O. STREET ADDRESS  N. MAIN ST. 5X.	e. IS RESIDENCE ON A FARM? YES NO
the death certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral sit permit. The please remove carbon papers. Pages 1 and nation, or removal, and in ony eyent, within 72 hours after death	DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DIVORCED  MAR. 28, 1893  757  WIDOWED  DIVORCED  NEVER MARRIED  NEVER	Day Year 19 59 FUNDER 1 YEAR 1F UNDER 24 HRS. Onths Days Hours Min.
h certificate b ing physicion Them please emoval, anal	during most of working life, even if refired)  13. FATHER'S NAME    IA. MOTHER'S MAIDEN NAME   IA. MOTHER'S MAIDEN	copyry 5/4
	(Yes, no, or unknown) (If yes give war ar dates of service)  18. / CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Cecule myocardial drafaretis  Oue To  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause  DUE TO  DUE TO  DUE TO	interval between onset and death
ICIAN: The low re piral or attending rifficote has been of for use os the of Health prior to	last.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d)	19. WAS AUTOPSY PERFORMED?  YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Rage 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriot-transhould be filed with the State Dept. of Health prior to burial, creasing the contraction of the prior of the contraction.	20c. TIME OF INJURY Manth, Doy, Year Hour o.m.  19 While at work at work 19 determined 19 determ	(County) (State) _, 19 <i>67</i> , that (1) ( <del>we</del> ) lost
O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept.	saw the deceased alive an 2/7 1849, and that death accurred at 930 M, from causes and 22a. Standard Harly M.D. ATTENDING PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR STAFF PHYS. Standard Type) Frank E. Gantz Sv. Standard Standar	d an the date stated above.  22b. DATE SIGNED  2-1/0/4 9
TO HOSPITAL  TO HOSPITAL  TO FUNERAL  Should be fit	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  PREMOVAL (Specify) 2166 49 SUN SET MEMORIAL  24. FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGIST	
VXX	The state of the s	



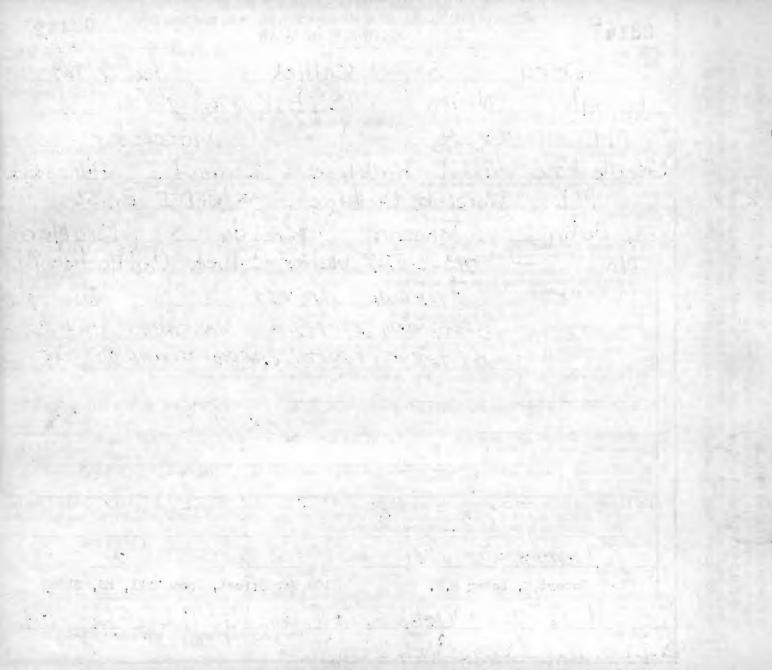
2		MARYLAND STATE DEPARTMENT OF HEALTH
1 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03140
1		CERTIFICATE OF DEATH
leath.		CEASED-NAME First Middle A Lost, 20. DATE OF DEATH Month Feb. Day 1 Year 969 M
within 24 hours after death lely filled in by the funeral bon papers. Pages are within 72 hours after death	3. SE	
hours in by ers. Po	7o.	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WOYCLS TO Md.
ecuted within 24 hours afti completely filled in by the ove carbon papers. Pages y event, within 72 hours afti	10.	OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY
executed within completely fremove carbon on any event, with		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c STY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SSION) STATE 13b. COUNTY OF SECOND RESIDENCE (PES NO 8) NO 80 R. F. D. 2 Bx. 303
executed complete com	34.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First, Middle Lost
on an	1	WAS DECEASED EVER IN U.S. AR MED FORCES? 16b. SOCIAL SECURITY NO. 172-INFORMANT A Address 1
e death certificate by ottending physicion permit. Then please on, or removal, ond i	100.	WAS DECEASED EVER IN U.S. AR AED FORCES? es, no, A Unknown) (If yes give for or dates of service) 16b. SOCIAL SECURITY NO. 17-INFORMANT Es, no, A Unknown) (If yes give for or dates of service) 153-18-8550 Dessie Allen Pacamake Md.
ath ce nding p iit. The		18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Construction  IMMEDIATE CAUSE (b)  Construction  IMMEDIATE CAUSE (c)
nt the de the otte sit perm nation, c		Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF
quires thot physician. signed by th buriol-tronsi		rise to immediate cause (a), stating the underlying cause lost.
require g physi n signe e burio o burio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law re ottending has been se as the th prior to	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO SET OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN: I	DICAL CER	21c. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF ORATH   HOUR A.M. Month Doy Year   P.M.   19
PHYSICIAN: 1 he hospital or this certificate betoched for us e Dept. of Health	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execused a may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and calculater, page 3 should be detached for use as the buriol-transit permit. Then please remosthould be filled with the State Dept. of Health prior to buriol, cremation, ar removal, and in any		22a. I certify that (I) (this haspital) attended the deceased fram Cligate , 1968, to Fourier (964, that (I) (we) last saw the deceased alive an Clause 49 1969, and that in(my) (aur) apinian death accurred an the date and have and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
OR AT OR AT ONRECTO		22b. SIGNATURE  DEGREE ATTENDING   MED.   STAFF   22c. DATE SIGNED   Feb. 4, 1969.
SPITAL 4 moy or, pag d be fill		22d. PHYSICIAN'S NAME (Type) Donald J. Amvien, M.D. Chincoteague, Va.
TO HO Page TO FUN direct shoul	1 1	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City or Town) (County) (Stote) EMOVAL (Specify) Feb. 8, 1969 St. James Cem. Tocomore Wor. Ma.
VR A15 (4) 30M REV. 1/68	24	FUMERAL DIRECTOR  ADDRESS  ANDRESS  ADDRESS  ADD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03141 03146 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAŁ RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY 1120 GSTIGR MARYLAND c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If autside carparate limits. C CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) hours write BUBAL and give negrest town) R.S FRLIN be executed within 24 hour in b papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in any event, within 72 filled YES NO remove carban NAME OF 4. DATE Month Day Year DECEASED 03 GRI 69 19 (Type or print) DEATH 9. AGE (In years JE UNDER I YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Days Hours X DIVORCED WIDOWED and 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY 2 during most of working life, even if retired) please and ificate 5 RLIN FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, attending phy GR WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OR ATTENDING PHYSICIAN: The law requires that the death (Yes, aq, grunknawn) (If yes give war or dates of service cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) DUE TO signed burial, Conditions, if ony, which gave (b) rise to immediate couse (o). DUE TO stoting the underlying couse or attending as the this certificate has been last. use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) State Dept. of Health NO X 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20r. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) While Nat While TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased from be retained saw the deceased alive an and that death accurred at M. from causes and an the date stated above. 22g SIGNATURE DATE SIGNED 22b. **ATTENDING** STAFF M.D. DIRECTOR director, page 3 shauld be filed PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) SEMOVAL (Specify) 0 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR



1	MAKTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	03147 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03142
1. DI	ECEASED-NAME First Middle Lost J 20. DATE OF DEATH 2b. HOUR
	(ype or print) Month / Day 2 Year / M
	DOTY 3. COTTICK Feb. 2 1967 M
3. St	
	Learn Sept 18, 1896 last birthday) YRS MONTHS DAYS HOURS MIN.
	BIRTHPLACE (Stote or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Md. U.S.H. WIDOWED DIVORCED WOYCES-RY Md.
10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during reas) of working life, even if retired.)
	tirdle tree (give greet addless) Girdletree (during most pot working life, elen. if retired.) INDUSTRY House Work
	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
odm	ission) STATE Md. 13b. COUNTY receiver Girdetree YES NO X R.F.D. I Bx. 56
14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAJOEN NAME First , Middle Last
15	John Johnson Harrilla Brotten
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
	(es, no per inknown) (If yes give war or dates of service) 442 11 4759
-	APPROXIMATE INTERVAL
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
	MMEDIATE CAUSE (o) ORDIAC ARREST MINUTES
	4/09 DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gave) (b) (1000 NARY OCCLUSION & INPARCT 1 WR
	rise to immediate couse (a). Our significant of the first
	stating the underlying couse (c) AP TERIOSCLEROTEC CARPION DISCULUR DISCULU
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
<u>S</u>	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
3	A CALCES OF DEATHS
	YES NO NO CASSES OF DEATHE
	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
을	If either, notify medical examiner) P.M. 19
墨	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	21d. INJURY OCCURRED While 1 at wark 21e. PLACE OF INJURY (AT ROME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town County State at wark 21e. PLACE OF INJURY (AT ROME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town County State 21e. PLACE OF INJURY (AT ROME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town County State 21e. PLACE OF INJURY (AT ROME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town County State 21e. PLACE OF INJURY (AT ROME, FARM, STREET, FACTORY.) 21f. LOCATION STREET, FACTORY.) 21f. LOCAT
	220. I certify that (I) (this hospital) attended the deceased from J. FN 30, 1967, to FN 3, 1969, that (I) (we) last
	saw the deceased alive on 1963 3 1964, and that in (my) (our) opinion death accurred an the date and hour and from the
	causes stated above, (1) (we) (did not) view the body after deoth.
ш	226. SIGNATURE / 22c. DATE SIGNED
п	Attivity In Man Degree ATTENDING MED. DIRECTOR D STAFF DIRECTOR D PHYS. D 2-5-69
/	22d. PHYSICIAN'S 22e. ADDRESS
	NAME (Mobert C. LaMar M.D.   104 Bay Street, Snow Hill, Md. 21863
230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (County) (Stote)
130	REMOVAL PSpecify 2 7 / 9 / 0 / 1
1	SINIAI 12-1-01 Coolsoning Trem, Celli, Givernee Woi, This
124/	FUNERAL DIRECTOR 250. REGISTRAPS AND ADDRESS 250. REGISTRAPS AND ADDRESS
W	annu Law Shew Church, Va, DATE
	70. E Courrillo. 130. admin 14. F. 160. Y



1	1	MAKTLAND STATE DEPARTMENT OF HEALTH	15 7 0
D CTATE			143
R STATE	I P	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME   First	V TOE HOUR
of A	1. (	(Type or Print) HERMAN HORD FOLD OF ESTI. DEATH MATED FEB 4	Year 26. HOUR
E. F.	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	C 2d HOUR
		LY W 1/21/44 25 YRS. MODINGED DOY 4 1801	19 250 M
Depart		BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  OTHER STATES OF WIDOWED DIVORCED 0.30 C. 20 C.	
	10_4		OF BUSINESS OR
00		cean City great oddress) Auc JASSAWO MAN Daving mast of warking life, even if retired.) WABUSTRY	
16	130.	. USUAL RESIDENCE Where deceased lived, if institution Residence before 13c CITY OR TOWN.  13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13th institution Residence before 13c CITY OR TOWN.  13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 15th institution Residence before 13c CITY OR TOWN.	V
3	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME Eyest Middle	Last
3	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 147. INFORMANT ADDRESS	na
	()	Yes no or unknown) ( yespire war or days of service) 221-28-030/ of use Britischen DI wyomin	191)el
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	PROXIMATE INTERVAL EEN ONSET AND DEATH
		1 MAMEDIATE CAUSE (0) LICINDELTINO OF CEIDENTIFI SMI	Nutes.
b-		Canditians, if any, which gave	
		rise to immediate cause (o), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		last. (c)	
2		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION		AUTOPSY?
	RTIFIC		YES NO
		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 100 AUTO	ARCEC
	MEDICAL	CAUSE OF DEATH  20 P.M. CON 4 19 69 TO CRASE OF DOWN TO PER INTO 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21i. LOCATION Street or R.F.D. No. City or Town	Cotes SHY 1
		AT WORK DINT WORK DISTRICT STREET ENGLISH ACE AT ASSOCIATION Delive york of	and ma
3			d in my opinion
		death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER C 22b. DATE SIGNED	
		SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  226. DATE SIGNED  EXAMINER'S  DEPUTY MEDICAL EXAMINER  TEB	4,69
2		NAME (Type) - S (OWNSOND) & MI) CAPTURES Super city Country country	
	230	BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OF CREMATORY Candery Clarify	(State)
(	2	ADDRESS DATE FEB 13 1989 HOLLEN SIGNATURE	Jacqu
	Total di	All	

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	_ (	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2411
FOR STATE	- 2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3144
HEALTH DEPT.		CEASED-NAME First Middle Last 2a. DATE KNOWN Month D	ay Year 2b HOUR
	{Ty	ype or Print) Henry ClayTon Jones DEATH MATED   Feb	18 1968 5 PM
Pog 31	3 SEX	X 4 RACE SOATE OF BIRTH 6 AGE (In years IF LAGER 17 LAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
any delay is 1, 2, and 3 to m PM3. Page	M	Se White Nov. 81887 8/ YRS HOURS MAN. Month Feb Doy 18	Year 69 5 PM
\$ 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9 COUNTY OF DEATH	17 = 17
F E	cauntr		Tier Md
tate	10 CIT		TO KIND OF BUSINESS OR
offer death 8. Give Pages olong with for with the State leath.	/.	give street oddress)   dwyng most of working life, even if retired   IN	DUSTRY POTORE
Give ng h th	13o U	USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY JAMES? 13e STREET AND NUMBER	121 163, 20116
oto oto	adr	MISSING STATE 13b COUNTY becester Girlletree YES NO ET	
hours often 18. Gi Office oloni Vand 2 with ofter death	14. FA	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
4 = 2 - 4 =		Lake W Janes Com	63.00
hin 24 ncil in niner s poges hours	160. W	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	WINS CO
# 10 P	(Ye	185, na, prunknown) (Hyes give war or dates of service) None Mrs. Lola T. Jones Girolletre	o kill
in per I Exopy I Filter I Filter	F	1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
executed nding" i		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
xer din hed tw		Due to, or as a consequence of	1 417/
e e le		Canditions, if any, which gave ) ARTERIOSCLEROTIC HEART DISCOSC	- 54RS
d bd dd		rise to immediate couse (0),	
should be executed in word "pending" in o the Chief Medical Eburiol-transit permit Fin ony event within		last. DUE TO, OK AS A CONSEQUENCE OF	
te state of the day of the nud in the individual to the state of the s		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
AL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, or. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form 3 for yaur files.  FOR: Page 3 should be used as a buriol-transit permit File ages Jand 2 with the State Deuriol, cremotion, or removal and in any event within 72 hours after death.		THE 2 OTHER STORM CONDITIONS CONTINUED TO BEEN BUT HOT RELEASED TO THE TEXAMINE DISCUSS ON CONDITION OF IN IT THAT I (9)	
certif , writi orwan used o	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, v for for s us	E C	WAS PERFORMED?	YES NO 🔀
INER: This certificate e certificate shauld be files. 3 should be orion, or recognized.		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, stem	, .B.)
ertif old on,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
EXAMINER: cute the certi oge 4 shauld r yaur files. :Page 3 should, cremotion,		21d INJURY OCCURRED 21e P. ACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. Na. City or Town	County State
EXAM ute th oge 4 yaur Page , crem		WHILE NOT WH LE foctory, office building, etc )	
L EXA ecute Poge or you or, you	l l	22a. I certify that I took charge of the remains described above, held on Autopsy (1), Inspection (2), Inquiry (2)	ond in my opinion
TY BICAL E Ty, pleose execu- eral director. Po- be retoined for RAL DIRECTOR: prior to buriol,		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner	
please e director retoined DIRECT		CHIEF MEDICAL EXAMINER	<u> </u>
plec Teto		ACTUAL 22h DATE SU	GNED
UTY Pory, be be Pri	1	SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2	19-69
D DEPUTY DICA DICA DICA DICA DICA DICA DICA DICA	H	NAME (Type) Robert LaMar M.D. ADDRESS(Street, city, lown, or county)	
TO DEPUT necessory the funer 5 may be TO FUNER!	23a		Caunty) (State)
-	1	PEMOVAL (Specify)  Feb 21, 196.9  Baptist  Girdletree  ADDRESS  Descript  Descript  ADDRESS  Descript  Des	Hardwel
0.0	24	ELD O Minor	MATUR LENGAS.
VR ATSME (SA TOM REV 1/68	1	man F. Kennis Snow Hill Mil DATE PED 4 1968	
130	7		





5 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	93151 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 93146
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a DATE KNOWN□ Manth Day Year 2b. HOUR
10 00 00	(Type or Print)  MARY  A. RICHIE  OF ESTI- DEATH MATED   Feb 11 1969 M
delay is and 3 to A3 Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR
9 0 G	Female White 11/10/1883 85 YRS. MONTHS DAYS HOURS MIN. Manth Day 19 69 69 69 M
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
SE S	Maryland USA WIDOWED WIDOWED Worcester Md.
Give Pages ong with fe the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
the de	Snow Hill give street address)  Snow Hill 208 W. Mortin St.   during most of working life, even if retired.)   INDUSTRY   Seamstress   Self Emp.
s after death 18. Give Page 2 with the Sta	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER
22 de 18	Maryland   Worcester   Show Hill   15 th woll   200 W. Martin St.
24 hours after death in Item 18. Give Pager's Office along with es I and 2 with the Steams after, death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
hin 24 hours after de nici in Hem 18. Give P niner's Office along wi pages 1 and 2 with the haurs after, death	Stansbury Richie Josephine Pennewell
d within 24 in penal in 12 kaminer's File pages in 72 haurs	166. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (if yes give was not dates of service) Unknown Mrs. Hohn Elliott, Sharptown, Md.
4 with per Example File n 72	LONG SYMBATE MITCHAN
rited call in this	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
xecu ding heding pern t wit	DUE TO, OR AS A CONSEQUENCE OF
be executed within "pencil in pencil hief Medical Examine ansit permit. File pagevent within 72 hau	(Conditions, if only, which gove) and I am a varation of the second
rold b rord : ne Chi	rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
shauld be executed ne word "pending" in a the Chief Medical burial-transit permit.	lost.
INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's Islas.  3 shauld be used as a burial-transit permit. File pages ation, or remaval, and in any event within 72 hours	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
is certificate to, writing the farwarded to used as a bremaval, and	2
vert wri	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?  WAS PERFORMED?
his certi ate, writ e farwal be used	AEZ   NO SK
MINER: This in the certificate, at shauld be far in files. In 3 shauld be use a 3 shauld be use a 1 shauld be used.	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
NER shau files. 3 sha ation	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
	WHILE NOT WHILE foctory, affice building, etc.)
	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my apinian
ICAL E executor. Pa for CTOR: (Surial,	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner
please e directar retained DIRECTION OF TO bu	CHIEF MEDICAL EXAMINER
y, ple eral di se retr RAL Di prior	SIGNATURE Llond Or Long M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
er be	EXAMINER'S DEPUTY MEDICAL EXAMINER & Feb. 14, 1969
TO DEPUTY necessary, p the funeral 5 may be a TO FUNERAL Health prio	NAME (Type) Lloyd O. Long MD Snow Hill Appression of Control of Co
5 = + 2 E	230 BURIAL CREMATION 236 DATE 230 NAME OF CRAFTERY OF CREMATORY 23d LOCATION (City of Town) (County) (State)
	REMOVAL (Specify) 2/15/1969 Whatcoat Cem. Snow HIII. Maryland
VR ATSME (A)	24. FUNERAL DIRECTOR  ADDRESS  250. RECUSTRAR SIGNATURE  STORM H133 NA.
10M REV. 1/68	Snow Hill, Md. die D 1 3 1300 1

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2 . 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3147
HEALTH DEPT.	1. DECEASED-NAME First Middle , Lost 20. DATE KNOWD Month Do	y Year 2b, HOUR
i 2 60 40	(Type or Print) Co FFIN Shewton DEATH MATED ROLL	1009 355AM
delo Assured the state of the s	3. SEX 4. RACE S. DATE OF BIRTH DOY WONTHS DAYS HOURS MIN. DAYS HOURS MIN. DOY  (1)	Yeor 69 3504 M
I, 2 m Depart	7g. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? IR MARRIED TIMEVER MARRIED TO 9 COUNTY OF DEATH	
offi lages l	TOURITY BERTIN ME USA. WIDOWED DIVORCED (DORCESTOR RIDOWED 120, USHAL OCCUPATION (Kind of work done 120)	. Md.
Give Pages ong with far the Stote th.	DERIN give street address) S. MAIN St during most at working life, even if retired.) INDI	KIND OF BUSINESS OR USTRY
s of 18. old deo	130. USUAL RESIDENCE Where deceased lived, if institution: Residence before 130 SITY OR TOWN admission) STATE 136. STREET AND NUMBER 136. COUNTY WOR ISERIA YES NO 517 S.MAIN ST	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	O. 1 ost
in pentil in exuminer's File pages	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ortunknown) (If yes give wor or dolles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT WALL ACCE AT She who a Special Security NO.	ckton, Md.
if it	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ORDNARY OCCUSION ACUTE  IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH /
d be exec d "pendin Chief Med transit pen y event w	Canditions, if ony, which gave ) DUE TO, OR AS A CONSEQUENCE OR ASCULO CARTA MUCHANIST INSUECE TO	Bweeks.
ould word the Ch iol-tro any	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	7
d o b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
:	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 215. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Finer pature of minry in Part 1 or Part 2, them 1	VES   NO
第 T P O	21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OF COURRED (Enter nature of injury in Part 1 or Port 2, Item 1 HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1 P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1	8.)
Se 33 = She IN	ZId. INJURY OCCURRED  21e. PLACE OF INJURY (At home, farm, street,  WHILE AT WORK  AT WORK  21f. LOCATION Street or R.F.D. No. City or Town  Comparison  City or Town  Comparison  City or Town  Comparison  City or Town  Comparison  Comparison  City or Town  Comparison  C	ounty State
VI E Xecu for for for rial,	22a. I certify that I taak charge af the remains described above, held an Autopsy, Inspection, Inquiry,	ond in my opinion
Sico e ector ined RECTO but o but o	death resulted from: Natural causes Accident [], Suicide [], Homicide [], Undefermined manner []	
ITY SIC.	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	IED
D DEPUTY  Decessory, please e the funeral director may be retained  FUNERAL DIRECT  Health prior to bu	EXAMINER'S OCCUPATION OF THE DEPUTY MEDICAL EXAMINER SE FEB 11	69.
O DEPUT necessory the funer 5 may be O FUNERA Health p	NAME (Type) ADDRESS(Street, city, town, of county)  23a_BURIAL, CREMATION, 23b_, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	11) (6) (1)
1	BREMOVE SPECIFIC 2 18 69 ST. PAULS CAURCHYAND Beiling WOD	unty) (State)
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